



VOLUNTEER APPLICATION AND RECORD

Thank you for volunteering to help offer food, shelter and a future to poor and homeless neighbors. This information will be used and protected in accordance with our privacy policy, viewable at <http://umdurham.org/who-we-are/privacy-policy.html>. Please print this application.

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Best Phone Contact #: _____ Alternative Phone #: _____

E-mail: _____

Employer or School: _____

NOTE: Children under 18 may volunteer in certain activities on site if accompanied by an adult. Visit our website for lots of off-site ways kids can help.

Skills, interests, training, licenses, certifications, foreign languages: _____

Congregation and/or Civic Group Affiliations (*Optional*): _____

Emergency Contact Name: _____

Emergency Contact Relationship: _____ Emergency Contact Phone: _____

TIME COMMITMENT & AVAILABILITY - I would like to volunteer:

ONCE A WEEK _____ MORE THAN ONCE A WEEK _____ MONTHLY _____ OCCASIONALLY _____

I am available: Weekdays in the morning _____ Weekdays in the afternoon _____ Saturdays during the day _____

I am interested in helping with (check all that apply):

____ Café Meal Service. If you volunteer regularly with a Café group, fill in group name: _____

____ Outdoor Food Distribution

____ Casserole Baker

Due to COVID-19, other volunteer opportunities are not currently available.

Are you seeking to fulfill hours* for an organizational membership, housing or school requirement? _____

- If so, what organization, or class and school? _____
- How many hours are you seeking to fulfill? _____
- When do these need to be completed by? _____

*** This application is not for court-ordered community service. For more information on how to fulfill your service, contact Jessica Aldave, jaldave@umdurham.org or 919-682-0538, ext. 238.**

I agree to hold harmless and indemnify Urban Ministries of Durham, Inc., and/or any of its affiliated organizations, including agents, employees, volunteers or board members of any of the foregoing (collectively, "UMD"), from any and all claims, suits, causes of action and liability arising out of or resulting from any acts, omissions, activities or events sponsored by or held on the premises of UMD. I acknowledge that UMD is not responsible for any accident or injury that may occur to me or any family member while volunteering at UMD. I also understand and agree that I or UMD may end my volunteer service at any time for any reason. I will respect the confidentiality of all client information and maintain a professional relationship with all UMD staff and clients while I am a volunteer with UMD.

I affirm that the information I have provided is true and accurate.

Signature: _____

Date: _____

PLEASE RETURN TO:

Viki Baker, Director of Community Engagement

**Urban Ministries of Durham
410 Liberty Street
PO Box 249
Durham, NC 27702**

**919-682-0538, ext. 125
vbaker@umdurham.org**

SCREENING INFORMATION

ONLY required for working as a shelter volunteer or driver.

Birth date _____

Have you been convicted of a criminal offense other than a traffic offense? Yes _____ No _____

If yes, please explain: _____

Have you had a driving violation in the last 5 years? Yes _____ No _____

If yes, please explain: _____

References:

1. Name: _____ Years Known: _____

Address: _____ Phone: _____

2. Name: _____ Years Known: _____

Address: _____ Phone: _____

3. Name: _____ Years Known: _____

Address: _____ Phone: _____